POC accepted 2/28/09 Letter to admin B. Cavanaugh

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295077	A. BUILDING _____ B. WING _____	C 01/12/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENT CARE CENTER OF RENO	555 HAMMILL LANE RENO, NV 89511

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the complaint investigation conducted at your facility on 12/31/08 and finalized on 1/12/09. Complaint #NV00020416 was substantiated. See F 323. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	F 000	RECEIVED FEB 26 2009 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA	
F 323 SS=D	483.25(h) ACCIDENTS AND SUPERVISION The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to have evidence that assistive devices for fall prevention were consistently in place for the resident. (#1) Findings include: Resident #1 was admitted to the facility on 11/18/08 with failure to thrive, confusion and a history of falls. Admission orders included a Tabs alarm and bilateral upper bedrails.	F 323	*Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirement under state/federal law.* **F323 Accidents and Supervision** **What corrective Action will be accomplished for those Residents found to have been affected by the deficient practice:** Unable to correct deficiency since incident had already occurred. **How you will identify other resident having the potential to be affected by the same practice and what anticipated corrective action will be taken:** All Residents have the potential to be affected by the practice.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Patty Wayman | Admin. | 2-23-09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	Continued From page 1 Review of the record for a fall at 8:15 AM on 11/25/08, failed to reveal documentation in the nurse's progress notes for the incident or in the incident report that the Tabs alarm was utilized while the the resident was up in her wheelchair. A second fall occurred later that day at 6:15 PM when the resident stood up from her wheelchair and fell forward striking her head. The event was witnessed by a staff person. In the Post Fall Assessment that was completed by the Interdisciplinary Team on 11/26/08, it was documented in Item #13 that the resident was not using a safety device as ordered. The admitting order for the Tabs alarm was still in effect. When interviewed by phone on 12/31/08, a licensed practical nurse (LPN), relayed that on 12/1/08, Resident #1 had a visitor who complained that the proper devices to help prevent falls were not being used. When the LPN checked the resident, she observed that the resident was in a regular hospital bed with the siderails up. An order for a low bed had been written by the physician on 11/27/08. The same order directed that the 1/2 bilateral side rails be discontinued. The LPN stated that she did not observe a Tabs alarm. An additional order was written on the date of the friend's visit for "mats to be next to both sides of the low bed." The LPN stated during the interview that one mat was beside the regular hospital bed while the other mat was under the bed.	F 323	**What measure will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:** Nursing in-service scheduled on 2/25/09 to discuss on Fall Prevention Protocol. In-service program will be ongoing to ensure continued compliance. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:** DON and Nurse Mangers will do regular/frequent rounds throughout the day to ensure compliance. Staff will be immediately in-serviced as indicated. **Individual Responsible:** Director of Nursing **Date of Completion** March 25, 2008.	3-25-08